

ARTICLE 5

SECTION 10

PICKLE BENEFITS

1. GENERAL

The purpose of this program guide is to provide clarification and procedures for eligibility determinations and case maintenance for the Pickle Program. This program guide supplements the California Department of Health Services (CDHS) issued Pickle Handbook.

2. BACKGROUND

Under the Pickle Amendment to the Social Security Act, certain ABD/MN eligibles who receive Title II (RSDI) benefits and who are former Title XVI (SSI/SSP) recipients are entitled to 0 share of cost Medi-Cal benefits. MEM 50247

The Lynch v. Rank court order mandates specific requirements for both the CDHS and County of San Diego, Health and Human Services Agency (HHS) related to identification, maintenance of lists, and annual notification and review of potential Pickle eligibles.

3. PICKLE HANDBOOK

The CDHS issued Pickle Handbook includes most of the information and instructions necessary to determine Pickle eligibility and comply with the Lynch v. Rank court order.

Basic Medi-Cal eligibility requirements not addressed in the Pickle Handbook (such as residence, alienage and citizenship, disability, etc.) must be met. The regulations and procedures in the MEM and MPG must be followed when evaluating these eligibility factors. The Pickle Handbook material, and this program guide cover only those eligibility requirements that are different for Pickle eligibles.

MEM Procedures 10I and MEM 50564 are superseded by the Pickle Handbook and this program guide.

4. ANNUAL STUFFER NOTICE

In December of each year, the CDHS includes a stuffer notice about Pickle eligibility of all ABD/MN eligibles. A copy of the notice is also mailed to all persons with a share of cost (both ABD/MN and non-ABD/MN). (See 5-10-A1) ACWDL 87-75

This notice states the criteria for Pickle eligibility and advises the beneficiaries to contact their worker if they think they may be eligible. ACWDL 95-45

If a beneficiary responds to this notice, the case-carrying worker will review the case file to determine whether the beneficiary has already been identified as a potential Pickle eligible, and, if so, advise him/her that all potential eligibles will be reviewed for Pickle by the end of the month following the next Title II COLA, usually February. (See 5. below.)

5. ANNUAL PICKLE TICKLER SYSTEM REVIEW

Persons on the Pickle Tickler system must have their eligibility to Pickle reevaluated each year at the time of the annual Title II COLA.

A. Review Period

By terms of the Lynch v. Rank court order, the tickler system reviews must be completed during the period of the month before through the month after the month Title II COLA's are received. Since Title II COLA's are normally received in January of each year, tickler file reviews would then be completed during December through February. However, the reviews usually cannot begin until January because the Title II COLA amounts are not known until mid-December, and the tickler system listing is not sent to the county by DHS until the first week of January.

B. Pickle Tickler Notice

At the same time the state DHS sends the Pickle tickler listing to the county, DHS also mails individual letters to all persons on the list.

The letter directs beneficiaries to contact PAI if they have questions. Some calls may be directed to the case carrying worker or the Pickle Specialist.

Persons responding to this notice must be advised that their eligibility to the Pickle program will be evaluated by the end of the month following the Title II COLA and that they will receive a notice of the results of the review.

C. Review Procedures

Upon receipt of the Pickle Tickler system list in district, cases which include persons on the list must be loaned to the Pickle Specialist in the district office for completion of the required reviews. Each worker's Pickle Tickler system list must also be sent to the Pickle Specialist Worker.

Exception: At district option, the screening review and any resulting NOA's (see 8. below) may be completed by the Medi-Cal Worker currently assigned to the ABD/MN case instead of by the Pickle Specialist Worker. If this option is chosen, the worker must make a notation on the tickler list of any beneficiary whose case is not being forwarded to the Pickle Specialist because the beneficiary did not pass the screening test.

1) Active Cases

Almost all cases on the Pickle tickler file will be active. The following procedures must be followed for active cases.

a) Pickle Screening

If the beneficiary is in LTC or receives IHSS, submit Form 14-28 to change Pickle status code to "7." No further action is required.

For all other beneficiaries, complete a new DHS 7020, Pickle Screening Worksheet. Except for persons discontinued from SSI/SSP in the month following the Title II COLA, all questions should be answered yes.

If the beneficiary does not pass the screening test, send a Pickle denial NOA (see 8. below) and stop here.

b) Disregard Computation

Complete the disregard computation using Form DHS 7029.

c) Needs Test

Skip this test if the beneficiary is a potential Pickle child.

Complete the needs test using Form DHS 7075. If needs test is not passed, send Pickle denial NOA (see 8. below) and stop here.

If needs test is passed, the worker must review the most recent statement of facts in the case file to see if there is any indication that the beneficiary receives ISM, or income in kind. If indication of ISM or income in kind is present, the worker must send the beneficiary Form DHS 7044 to complete. A brief note must be included explaining that completion and return of the form is required to determine whether there is Pickle eligibility. The beneficiary should be allowed at least 10 days to complete and return the form.

NOTE: If a DHS 7044 is required, the worker should send an MC210B for completion at the same time (see (e) below).

Upon return of the completed DHS 7044, the worker must evaluate for ISM and if ISM exists, the needs test must be completed again using the ISM.

If the needs test is not passed, or if a DHS 7044 is required and is not returned, a Pickle denial NOA is to be sent (see 8. below).

d) Financial Eligibility Test

Complete the Financial Eligibility Worksheet, Form DHS 7021 or DHS 7019.
If financial eligibility test is not passed, send denial NOA (see 8. below).

e) Resource Eligibility Determination

Before the resource eligibility determination can be made, the worker must send the beneficiary a Form MC 210 to complete. A brief note must be included explaining that completion and return of the form is required to determine whether there is Pickle eligibility. The beneficiary should be allowed at least 10 days to complete and return the form.

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The worker must then review the most recent statement of facts, and complete Form DHS 7037 to determine resource eligibility.

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If the beneficiary has excess resources, or the MC 210B is not returned, send a Pickle denial NOA (see 8. below).

f) Approval of Pickle Eligibility

Beneficiaries determined eligible to the Pickle program must be granted retroactive to the month of the Title II COLA (usually January) if eligibility requirements are met for each month. The Pickle approval NOA must be used (see 8. below).

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ABD/MN FBU's consisting only of the Pickle eligible person must be converted to the appropriate Pickle aid type. If the existing FBU includes family members not eligible to Pickle, the Pickle person must be established as a separate FBU and removed from the existing case. Each Pickle eligible is to be established as a separate MFBU, including each member of a Pickle eligible couple.

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2) Inactive Cases

Some inactive cases may appear on the Pickle Tickler System list. The closed case must be reviewed to determine whether the former beneficiary is appropriately on the Pickle Tickler system. If not, Form 14-28 must be submitted for on-line correction, and the "P" must be removed from the "E" box on priority line special characters section of the LMO. No NOA is required.

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If the former beneficiary is correctly on the Pickle Tickler System, the worker must send the applicant the forms necessary to determine Pickle eligibility. Required forms are:

- a) SAWS1
- b) MC 219
- c) MC 210
- d) MC 13 (for all non-citizens. Not required if the citizenship declaration is made on the MC 210 or with a sworn statement which includes statement of citizen/national status and place of birth)
- e) DHS 7044

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The worker must notify the former beneficiary that the forms must be completed, and required verifications provided to determine Pickle eligibility.

A face-to-face interview is also required for inactive cases.

If the former beneficiary does not respond to the worker notification and complete the review procedure, an application is to be recorded (with a January appointment date) and denied, and a Pickle denial NOA sent (see 8. below).

In all other respects, the review process for currently inactive persons is to be treated like a Pickle intake except that the beginning month of eligibility will be the month of the Title II COLA if eligibility exists for each month.

6. 503 LEADS FILE REVIEW

During the month before the Title II COLA, the Social Security Administration notifies the State DHS of all SSI/SSP recipients scheduled for discontinuance as a result of the COLA.

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A. State DHS Actions

1) Extended Benefits

The state DHS will initiate extended Medi-Cal benefits for all persons on the listing provided by Social Security. These benefits will continue for 4 months following the SSI/SSP discontinuance, or until the county has completed its Pickle eligibility determination, whichever is earlier.

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2) Notices of Action and Forms Packet

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During the last two weeks of the month prior to the Title II COLA, the state DHS will send a notice of action (**See 5-10-C1**) and the following packet of forms to each person on the list: SAWS1, MC 210, MC 13, MC 219, MC 239, and DHS 7044. The notice advises beneficiaries of their extended benefits and that if they want Medi-Cal coverage to continue the packet of forms must be completed within 30 days and mailed to the county welfare department listed at the bottom of the notice. The notice also advises beneficiaries that if they have not been contacted by March 15, they should contact their county welfare department.

In the fourth (last) month of extended eligibility, the state DHS will mail a discontinuance notice to all persons whose eligibility has not been redetermined by the county. (**See 5-10-C2**)

3) 503 Leads File Report

By the first or second week of the month of the Title II COLA, the state DHS will mail a listing of persons discontinued from SSI/SSP to the Pickle Coordinator in each county. The listing is titled "503 Leads File Report."

The state DHS will send another copy of this listing to the county during each month of extended eligibility. The follow up lists will leave the names of beneficiaries whose Pickle status has been updated, or who have been determined eligible for Pickle or Medi-Cal under another program (including SSI/SSP) deleted.

B. Worker Action

All persons on the 503 leads list must have their current SSI/SSP eligibility status verified through MEDS before being contacted by the worker. Using the MEDS inquiry process, the worker must review the eligibility status line for the current month. If the number '6' appears in the third digit of the eligibility status code, the worker must contact the individual and review for Pickle or Medi-Cal eligibility.

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For potential Pickle individuals, the Pickle 503 Leads Report or the MEDS INQO screen message "SSI-LAST-RECEIVED" can be accepted as verification of the date SSI was last received. Workers can also use the MEDS INQB screen message, "CUR-BENEFIT-AMT" to verify the individual's current benefit amount. Basic instructions for the eligibility determination are included in the DHS Pickle Handbook. The following information is for purposes of clarification and to provide specific supplemental instructions for case handling.

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1) Face-to-Face Interview

A face-to-face interview is not required, unless the beneficiary requires worker assistance in completion of the required forms.

2) Case Opening

A case must be opened for all persons on the 503 Leads File Report list. The appropriate Pickle Aid Code must be used. The application date is to be in the month of the Title II COLA (usually January). If the beneficiary has a closed case, the closed case number must be used with a new FBU for the Pickle pending case.

3) Beneficiary Ineligible to Pickle

If the beneficiary is ineligible to Pickle, a Pickle denial NOA is to be sent (see 8. below). Additionally, Form 14-28A must be completed and submitted for MEDS on-line establishment of the person on the Pickle Tickler System.

4) Beneficiary Eligible to Pickle

Persons determined eligible to Pickle must be granted under the appropriate Pickle aid type beginning the month following the current MEDS month.

Important: Because the state DHS established MEDS record has a future term date, an EW 20 transaction must be submitted. To accomplish the EW 20 transaction through CDS, positive action code 410 must be used.

5) Beneficiary Eligible to Other Medi-Cal

If the beneficiary is ineligible to Pickle, but eligible to Medi-Cal under another Medi-Cal aid type, the worker must submit the 14-28 to establish the person on the Pickle Tickler System at least one workday before submitting granting documents for the Medi-Cal granting.

If the beneficiary has a share of cost, the Pickle denial NOA and the Medi-Cal granting NOA must be sent in time to meet 10-day notice requirements.

6) IHSS Beneficiaries

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Effective with the 1/94 503 Leads Report, In-Home Support Services (IHSS) beneficiaries will have a Pickle eligibility determination completed.

In previous years, IHSS staff assumed responsibility for these beneficiaries on the 503 Leads Report. These individuals chose IHSS in lieu of Pickle eligibility and were eligible for Medi-Cal under an IHSS aid code. Because of the Pickle/Personal Care Services Program (PCSP), these beneficiaries will have a Pickle eligibility determination completed.

a) If Pickle eligible, place the individual in the appropriate Pickle aid code and make the priority line entry "PCSP." Use a 410 positive action code and forward a copy of the approval NOA to the IHSS liaison.

b) If not Pickle eligible, follow procedures outlined in B.3) above and forward the closed case to the IHSS Liaison.

7) Eligibility Determination Not Complete

If the eligibility determination is still pending at the 15th of the fourth month of extended eligibility, the worker must take action to continue the extended eligibility until a determination is made. This will require the granting of the pending case under the appropriate Pickle aid type. The case file must be documented to explain that the action was taken under the terms of the Lynch v. Rank court order pending completion of the Pickle determination. A manual NOA must be sent to the beneficiary explaining that benefits are being continued pending completion of the eligibility determination.

7. DISABLED ADULT CHILDREN (DAC) DISCONTINUED FROM SSI/SSP

A. Background

Effective November 1986, Public Law 99-643 amended the Social Security Act to provide categorical (0 share of cost) Medi-Cal to a limited group of former SSI/SSP recipients who receive Title II benefits as "Disabled Adult Children."

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These persons' eligibility must be determined using Pickle rules. However, some additional qualifying criteria must be met, and special provisions for extended eligibility and notification to affected persons have been made by DHS.

B. Eligibility Criteria

1) Exception to Title II COLA Requirement

Persons identified by DHS as potentially eligible to Pickle under the DAC rules are not required to have received a Title II COLA since their discontinuance from SSI/SSP.

2) Qualifying Criteria

To be eligible to Pickle without having received a Title II COLA, DAC persons must meet all of the following additional criteria:

- a) Be over 18 years old;
- b) Previously received SSI/SSP on the basis of blindness or disability which began before the person reached age 22;
- c) Currently receive Title II benefits as a result of the blindness or disability; and
- d) Discontinued from SSI/SSP as a result of having begun receiving Title II or receiving an increase in the amount of his/her Title II benefits.

C. DHS Actions

1) DAC Listing

Around the 15th of each month, the state DHS will send the county Pickle Coordinator a listing of persons discontinued from SSI/SSP as a result of having begun receiving Title II DAC benefits, or having received an increase in those benefits.

2) Extended Eligibility

DHS will issue Medi-Cal as aid code 66 for the month following discontinuance from SSI/SSP.

3) NOA and Forms

Around the 15th of the last month of SSI/SSP eligibility, DHS will send the beneficiary a NOA and a set of forms for completion. **(See 5-10-B1/B2)**

The NOA advises the beneficiary of the extended eligibility and that benefits will end with the month following SSI/SSP discontinuance.

In the NOA, the beneficiary is instructed to return the completed forms to the Pickle Coordinator at the County Welfare Department by the 5th of the month of extended eligibility.

Forms sent by DHS with the NOA are SAWS1, MC 210, and MC 239 C.

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D. Application Processing - Worker Actions

1) DAC List Distribution

As stated in C.1) above, the monthly list of potential DAC eligibles will be sent to the county Pickle Coordinator. The county Pickle Coordinator is the PA assigned to the Pickle program. The Pickle Coordinator will forward a copy of the list to the Pickle Specialist in the district office for the beneficiary's address.

2) Case Opening

Upon receipt of the DAC listing, the worker must open a pending 6A (blind) and 6C (disabled) aid code case. If a closed case exists, the previous case serial number must be used with a new FBU for the Pickle case.

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The application date will be the date on the DAC listing from DHS. An application is to be recorded, whether or not a completed CA1 is returned by the beneficiary.

3) Personal Contact

Promptly upon receipt of the DAC listing, persons on the list must be contacted by the Pickle Specialist to determine whether assistance is needed in completing the forms and to make a face-to-face interview appointment.

The preferred method of contact is by telephone. If a telephone number cannot be ascertained, the worker must send a brief note to the beneficiary advising him/her of the interview appointment and offering assistance in completion of the forms if necessary. Interview appointments must be set for no later than the 10th of the month of extended eligibility. Form 14-5 may be modified and used for this purpose. The beneficiary should also be advised that the forms they received from the DHS should be brought to the interview instead of mailed to the Pickle Coordinator, if they have not already mailed them.

4) DAC Forms Sent to Pickle Coordinator

Forms received by the Pickle Coordinator at PR&D will be forwarded promptly to the Pickle Specialist in the appropriate district office.

5) Beneficiary Response Untimely

Though the state DHS NOA sent to DAC beneficiaries instructs them to return the completed forms by the 5th of the month of extended eligibility, forms received after that date must be considered as applications for Medi-Cal and evaluated for eligibility under the DAC-Pickle rules.

If the beneficiary has responded to the state DHS NOA by returning the DAC forms to the Pickle Coordinator by the 5th of the extended eligibility month, or the beneficiary has appeared for the face to face interview, benefits must continue pending completion of the eligibility determination [see 6.B.7) above for procedures].

If the beneficiary returns the DAC forms after the 5th of the extended eligibility month, or fails to keep the first interview appointment set by the worker, extended eligibility ends per the DHS NOA. However, the application must continue to be processed.

If extended eligibility is continued by the worker, 10-day notice is required before eligibility can be discontinued or a share of cost can be established.

E. Eligibility Determination

DAC beneficiaries' eligibility is to be determined using Pickle eligibility rules as modified by the above procedures and the following exceptions and clarifications:

1) Pickle Screening

A Pickle Screening Worksheet is not required.

2) Verification

Normal Pickle program verifications are modified as follows:

a) Age

The MEDS record of the beneficiary's date of birth is acceptable verification of age unless the beneficiary disagrees with the date.

b) DAC Listing Information

The following DAC criteria as indicated on the DAC listing are considered verified if confirmed by the beneficiary either on the statement of facts or in any other manner:

- (1) Receipt of Title II benefits as a "Disabled Adult Child."
- (2) Discontinuance from SSI/SSP as a result of having begun receiving or having received an increase in Title II benefits.
- (3) The amount of Title II benefits received in the month prior to SSI/SSP ineligibility.

c) Disability or Blindness Onset Date

The MEDS screen titled "Title XVI-SSI/SSP Information" includes disability blindness onset date information as determined by the Social Security Administration. This date is used unless the beneficiary disagrees and an earlier onset date is necessary to meet the DAC criteria.

Copies of the MEDS records used to verify eligibility factors must be filed in the case record. When the DAC list is used, it should also be filed in the case record unless the copy received lists other beneficiaries. If the DAC list is not filed in the case, the worker must document the information in the case file.

3) Disregard Computation

For anyone discontinued from SSI/SSP after January 1987, a Disregard Computation Worksheet (DHS 7029) is not necessary since no adjustment is needed. The actual DAC-RSDI amount at the time of the SSI/SSP discontinuance should be the current amount reported on the DAC Report.

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Disregard the initial DAC amount listed on the DHS-DAC Report (RS - XV1017-R025) and any subsequent cost of living increases when completing the Pickle financial eligibility computation (DHS 7021). Verify the DAC-RSDI amount on the DAC report, by an award letter, by verification from the Social Security Administration or by viewing the RSDI check or direct deposit statement.

8. NOA's

The following codes must be used to generate Pickle NOA's:

A. 991-Approval of Pickle Eligibility

This NOA will be automatically mailed. If the approval action is retroactive for months in which the beneficiary had a share of cost, the worker must request return of the NOA and include letters necessary to assist the beneficiary in obtaining reimbursement as described in MEM Procedures 12C.

B. 992-Denial

This NOA will be returned to the worker for completion and mailing.

C. 994-Discontinuance

This NOA will be returned to the worker for completion and mailing.

9. TITLE II AND TITLE XVI OVERLAPPING PAYMENTS

Effective December 1, 1987, a change in rules for overlapping Title II and Title XVI payments was made.

If the person is granted SSI/SSP first, and Title II benefits are approved several months later retroactively, that person is still potentially Pickle eligible.

In these instances the Pickle applicant may have been required to reimburse the SSI/SSP program for any benefits received; however, he/she is still to be considered to have been eligible for and entitled to receive both SSA and SSI/SSP in the same month.

This provision does not apply to persons who are determined ineligible for SSI/SSP for reasons other than receipt of SSA benefits.

Example:

Jack Overlap applied for SSI/SSP and SSA disability on September 19, 1987. The Social Security Administration computed and approved the SSI/SSP grant before computing the SSA payments. Consequently, Jack began receiving SSI/SSP benefits effective September 19. His SSA benefits were approved in December with an effective date of September 1987. It was determined that his SSA payments were marginally more than his SSI/SSP payments. As a result his SSI/SSP benefits were discontinued effective December 31, 1987, and he was required to pay back the SSI/SSP received.

Jack is considered to be potentially Pickle eligible at the time of the January 1988 SSA cost of living increase and a Pickle eligibility determination must be completed by the county welfare department.

10. COBRA DISABLED WIDOWERS

A. COBRA 1985

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA '85) established criteria to be used in restoring and continuing Medi-Cal eligibility for disabled widow(er)s if their 1983 RSDI COLA resulted in a loss of their eligibility for SSI/SSP payments. ACWDL 87-5

Persons who met the criteria for zero share-of-cost Medi-Cal under COBRA '85 provisions were given a deadline of July 1, 1988 to apply at their local welfare department. Although no COBRA applications were received in San Diego County, there is the possibility that a COBRA '85 Medi-Cal beneficiary could move to San Diego County and request transfer of his/her case. In this event, Pickle Handbook, Section 5 specifies information which must be provided from the original county of responsibility to San Diego County.

B. OBRA 1987

The Omnibus Reconciliation Act of 1987 (OBRA '87) amended the Social Security Act to extend Medi-Cal coverage to a new group of disabled widow(er)s. The amendment allows widow(er)s between the ages of 60 and 64 who lose SSI/SSP benefits as a result of becoming entitled to or receiving an increase in Title II benefits to continue their Medi-Cal eligibility until they become eligible for Part A Medicare benefits. Eligibility under this provision was effective July 1, 1988. ACWDL 88-74

Unlike COBRA '85 legislation, OBRA '87 does not establish an application deadline for potential eligibles. Potential OBRA '87 eligible disabled widow(er)s are notified in their SSI/SSP discontinuance notice of their potential eligibility and are advised to apply at their local welfare department.

The Pickle Handbook, Section 5 provides the eligibility criteria and special income disregards needed to process an application under OBRA '87 provisions. Refer to this section when a Medi-Cal applicant between the ages of 60 and 64 indicates his/her SSI/SSP was discontinued due entitlement to or an increase in Title II benefits.

C. OBRA 1990

The Omnibus Budget Reconciliation Act of 1990 (OBRA-90) created a new group of Medi-Cal eligibles. Section 5103 of OBRA '90 extended Medi-Cal coverage to disabled widows age 50-59 who become ineligible to SSI/SSP benefits because of entitlement to or an increase in certain Title II widows insurance benefits. OBRA-90 mandated a zero share of cost Medi-Cal coverage for this group of disabled widows until Medicare begins for them. ACWDL 93-02

The eligibility determination has not changed from the way counties have been determining Medi-Cal eligibility for certain disabled widow(er)s ages 60-64 under provisions found in Section 5, pages 5-1 through 5-2 of the Pickle Handbook. Refer to this section when a Medi-Cal applicant between the ages 50-59 indicates his/her SSI/SSP was discontinued due to the receipt of or an increase in Title II benefits.

At the time of the SSI/SSP discontinuance, SDHS will provide potential DWs aged 50 to 64 with one month of extended zero share-of-cost Medi-Cal eligibility. When SDHS is notified of the SSI/SSP discontinuance, these individuals will also be sent a DW NOA, a SAWS1, MC 13, MC 210, MC 219, and MC 239. The NOA will tell these individuals that because they are not receiving an SSI/SSP check, they will not receive an SSI/SSP Medi-Cal card. However, they will be granted one month of extended Medi-Cal eligibility. If they want to continue their Medi-Cal coverage after that, they must contact their local county welfare department.

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When the completed forms (indicated above) are received from a potential DW, they have to be date-stamped and forwarded to the Mission Valley District Office, Intake Special Medi-Cal Unit (SMU) as soon as possible. Inquiries shall be directed to the SMU hotline.

The assigned worker in the SMU shall determine whether the individual would meet the DW program criteria and send an Approval or Denial NOA as appropriate. The following are DW DOAs to be used:

- Disable Widow(er) Approval Notice MC 239 DW1
- Disable Widow(er) Denial Notice MC 239 DW2

Form DHS 7089 (Screening Worksheet) is to be used when evaluating whether an individual is potentially eligible for the DW program.

ALERT MESSAGES

DWs become eligible for Medicare Part A two years after the onset of disability. At that time, they become ineligible for the DW program. Beginning in December, 1994, the SDHS Data System Branch will be sending counties an alert message concerning DW individuals who need to be terminated in two months from the DW program because of the impending receipt of Medicare Part A. These individuals shall be re-evaluated under another Medi-Cal program. The alert message will read, "Medicare Part A in Two Months: Re-evaluate for other category."

Appendix A

PICKLE AMENDMENT IMPORTANT NOTICE REGARDING YOUR MEDI-CAL ELIGIBILITY

If you are aged, blind or disabled, you may be eligible for Medi-Cal benefits without a share of cost if you qualify under the Pickle Amendment. To qualify, ALL of the following must apply to you.

1. You currently receive Social Security Title II (RSDI) benefits; and
2. You received and were entitled to receive both RSDI and Title XVI, Supplemental Security Income/State Supplementary Payment (SSI/SSPP) benefits simultaneously in any month since April 1977; and
3. You no longer receive SSI/SSP benefits; and
4. Your countable income and property are within Pickle Amendment limits.

If you would like an evaluation for the Pickle Amendment, you should contact your county welfare department eligibility worker. If you do not currently receive Medi-Cal, you will need to fill out some forms at your county welfare department to apply for Medi-Cal under the Pickle Amendment.

ENMIENDA PICKLE *AVISO IMPORTANTE* SOBRE SU ELEGIBILIDAD PARA MEDI-CAL

Usted es anciano(a), ciego o incapacitado, y si cumple con los requisitos de la Enmienda Pickle, es posible que sea elegible para recibir beneficios de Medi-Cal sin parte del costo. Para cumplir con los requisitos, TODAS las siguientes deben corresponderle:

1. Está recibiendo beneficios del Título II (RSDI) del Seguro Social; y
2. Recibió y tuvo derecho a recibir simultáneamente en cualquier mes desde abril de 1977 beneficios de RSDI y Título XVI, Seguridad de Ingreso Suplemental/Programa Suplementario del Estado (SSI/SSP); y
3. Ha dejado de recibir SSI/SSP; y
4. Su ingreso contable y propiedades están dentro de los límites de la Enmienda Pickle.

Si desea obtener una evaluación para la Enmienda Pickle, deberá ponerse en contacto con el trabajador a cargo de elegibilidad del departamento de bienestar público de su condado. Si no está recibiendo Medi-Cal actualmente, necesitará llenar varios formularios en el departamento de bienestar público de su condado para solicitar Medi-Cal bajo la Enmienda Pickle.

APPENDIX B

State of California – Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 10
NOTICE PREPARATION DATE:
December 16, 1993

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
EXTENDED MEDI-CAL ELIGIBILITY
(Disabled Adult Child – Pickle)

EMOOOO1

SMITH
JOHN SMITH

JOHN

Social Security Number:
111-22-3333

1111 MAIN ST
ANYWHERE CA

91212

Beneficiary ID Number:
01-60-9111223-33

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because SSA informed us that you are not receiving an SSI/SSP check now, you will not receive an SSI/SSP Medi-Cal card after December 31, 1993.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

‘IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE ~~DISREGARD THIS NOTICE~~. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY MEDI-CAL CARDS TO WHICH YOU ARE ENTITLED”

Even though you will not receive an SSI/SSP Medi-Cal card after December 31, 1993, YOU HAVE BEEN GRANTED ONE MONTH OF EXTENDED MEDI-CAL ELIGIBILITY. YOU WILL RECEIVE AN EXTENDED ELIGIBILITY MEDI-CAL CARD ONLY FOR THE MONTH OF January 1994.

IF YOU WANT TO CONTINUE YOUR MEDI-CAL COVERAGE AFTER THAT, you must take the following actions:

COMPLETE THE ENCLOSED APPLICATION AND THE STATEMENT OF FACTS. MAIL THEM NO LATER THAN

January 5, 1994 to:

Pickle Coordinator
San Diego County
Social Service Agency
7947 Mission Center Ct
San Diego, CA 92108
(691) 531-6293

The county will review your application and determine your continuing Medi-Cal eligibility immediately, IF YOU COMPLETE AND RETURN THESE FORMS BY January 5, 1994. Later, the county will set up an appointment for your required interview with your county worker.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

The State IS CONTINUING TO PAY YOUR PART B PREMIUMS UNTIL THE END OF January 31, 1994.

If you wish the state to continue paying your Part B premiums AFTER January 31, 1994, you should SEND IN YOUR APPLICATION FORMS IMMEDIATELY. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

If you do not follow these instructions, your Extended Medi-Cal Eligibility will end January 31, 1994. If you want Medi-Cal again, you will have to apply at the county welfare department.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(07/93)

PLEASE READ THE ENCLOSED REQUEST FOR A FAIR HEARING

Appendix C

State of California – Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 51
NOTICE PREPARATION DATE:
December 12, 2000

MEDI-CAL
MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP

EXTENDED MEDI-CAL ELIGIBILITY
(503 Leads – Pickle)

PN00026

NOTICE TYPE FIFTYTWO V
FIFTYTWO V NOTICE TYPE

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP on January 1, 2000

RE: CONTINUED MEDI-CAL BENEFITS AND FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue.

You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

If you want Medi-Cal coverage, please complete the enclosed forms:

- The Application for Medical Assistance/Food Stamps
- Statement of Facts
- Statement of Citizenship, Alienage, and Immigration Status
- Important Information for Persons Requesting Medi-Cal
- Statement of Living Arrangements, In-Kind Support, etc.

Within 30 days of the date of this notice, mail the forms to the office listed below. If you do not hear from the county by March 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed here:

Pickle Coordinator
San Diego County Social Service Agency
7947 Mission Center Ct., San Diego CA 92108 (619) 531-6293

NOTICE OF ACTION

| |
|--|
| COUNTY INFORMATION |
| SECOND NOTICE (503 LEADS NOTICE OF ACTION |

DATE:

**TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP in January 1**

FROM: County Welfare Department

RE: Your Medi-Cal Benefits Will End

You were notified by the Social Security Administration (SSA) in December that your SSI/SSP was discontinued as of January 1 of this year. The reason your SSI/SSP checks were stopped is because you received an increase in your Social Security benefits. Although this increase made you ineligible for your SSI/SSP checks, you also were notified by the State Department of Health Services that you would continue to receive Medi-Cal until the county welfare department determines whether you will be able to get a zero share of cost Medi-Cal card under the Pickle Amendment. The county must evaluate your Pickle eligibility for Medi-Cal.

However, you have not responded to the State Department's notice and we were unable to reach you by telephone. Therefore, your Medi-Cal will automatically be discontinued on April 30. You will not receive a May Medi-Cal Card.

If you have information that you would like to be considered, please contact your county eligibility worker immediately.

IF YOU DISAGREE WITH THIS ACTION AND YOU WANT TO APPEAL THE DISCONTINUANCE, YOU MAY REQUEST A STATE HEARING BY FOLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

NOTE: THIS NOTICE WILL NOT AFFECT ANY MEDI-CAL BENEFITS YOU MAY ALREADY BE RECEIVING UNDER ANOTHER MEDI-CAL PROGRAM.

If your SSI/SSP checks have been started again since January 1 of this year, please ignore this letter.

This notice is a result of a court decision in the case of Lynch v. Rank, U.S. District Court, Northern District of California, No. C-83-2340 WHO.

For additional information contact:

APPENDIX 5-10-D
PICKLE DISREGARD COMPUTATION CHART

2009
Department of Health Services
Current Year
Pickle Persons Title II Disregard Computation Chart

| Last SSI/SSP Check Received Between | Multiplier |
|--|------------|
| 1/08 through 12/08 | 0.0548 |
| 1/07 through 12/07 | 0.0761 |
| 1/06 through 12/06 | 0.1056 |
| 1/05 through 12/05 | 0.1408 |
| 1/04 through 12/04 | 0.1634 |
| 1/03 through 12/03 | 0.1806 |
| 1/02 through 12/02 | 0.1919 |
| 1/01 through 12/01 | 0.2124 |
| 1/00 through 12/00 | 0.2390 |
| 1/99 through 12/99 | 0.2569 |
| 1/98 through 12/98 | 0.2664 |
| 1/97 through 12/97 | 0.2815 |
| 1/96 through 12/96 | 0.3017 |
| 1/95 through 12/95 | 0.3194 |
| 1/94 through 12/94 | 0.3380 |
| 1/93 through 12/93 | 0.3548 |
| 1/92 through 12/92 | 0.3735 |
| 1/91 through 12/91 | 0.3959 |
| 1/90 through 12/90 | 0.4268 |
| 1/89 through 12/89 | 0.4526 |
| 1/88 through 12/88 | 0.4736 |
| 1/87 through 12/87 | 0.4948 |
| 1/86 through 12/86 | 0.5013 |
| 1/85 through 12/85 | 0.5163 |
| 1/84 through 12/84 | 0.5327 |
| 7/82 through 12/83 | 0.5485 |
| 7/81 through 6/82 | 0.5796 |
| 7/80 through 6/81 | 0.6219 |
| 7/79 through 6/80 | 0.6692 |
| 7/78 through 6/79 | 0.6990 |
| 7/77 through 6/78 | 0.7174 |
| 4/77 through 6/77 | 0.7331 |

Instructions for Current Year
Title II Disregard Computation Chart

This chart replaces and supersedes all previous Title II Disregard Computation charts. The steps to be taken to use this chart are outlined below.

1. Determine the current benefit amount.
2. Determine when the last SSI/SSP check was received.
3. Multiply the current benefit amount by the multiplier for the time period the last SSI/SSP check was received.
4. The result is the amount to be disregarded.

APPENDIX 5-10-E
2009 INCOME SUPPORT AND MAINTENANCE (ISM)
COMPUTING PICKLE ELIGIBILITY

| | | | |
|-----|-------------------|---------------|----------|
| VTR | <u>Individual</u> | <u>Couple</u> | |
| PMV | (not rebuttable) | \$224.66 | \$337.00 |
| | (rebuttable) | \$244.66 | \$357.00 |

The VTR is the payment level to be used in situations 1, 2 and 3 below.

The PMV is the unearned income amount to be added in other situations.

The following chart provides the method that must be used for determining Pickle eligibility for individuals and couples in various living arrangements.

| <u>HOUSEHOLD SITUATION (LIVING ARRANGEMENT)</u> | <u>Principle</u> |
|---|--|
| 1. Living in household of another throughout a month and receiving both food and shelter from someone in the household. | Reduce the applicable payment level by one-third the Federal Benefit Rate (FBR). Use the VTR |
| 2. Living in household of another who is providing both food and shelter and also receiving ISM from a third party. | Reduce the FBR payment level by one-third (VTR). Exclude third party ISM. |
| 3. Living with a responsible relative (deemor) who lives in the household of another and the householder is not a responsible relative but is supplying both food and shelter | Add VTR from the Householder to deemed income from the responsible relative and add to other unearned income |
| 4. Living in own household (ownership or rental liability) and receiving ISM from someone outside the household. | Add Presumed Maximum Value (PMV) to other unearned income. |
| 5. Living in non-institutional *care situation or group home and receiving ISM from someone outside the household. | Add PMV to other unearned income. |
| * All non-medical institutions including those for education or vocational training. Also, see page 3 of ISM section. | |
| 6. Living with a responsible relative (deemor) who lives in the household of another and the householder is not a responsible relative but is supplying food or shelter. | Add PMV from the householder to deemed income from the responsible relative and add to other unearned income. |
| 7. Living in household of another and sharing partial or total household expenses | If prorata share is contributed we use the SSI/SSP payment level for a person in an "Independent Living Arrangement". If prorate share is not contributed add PMV. |
| 8. One member of an eligible couple lives in the household of another and receives both food and shelter from the householder while the second member lives in his/her home or a non-medical institution. | 1/6 of the FBR for a couple for the person living in his/her own household. (VTR) not rebuttable. 1/6 of the FBR for a couple plus \$10. |
| 9. If the non-institutionalized spouse lives in any other situation. | 1/6 of the FBR for a couple plus \$10. |
| 10. Paying less than current market rental value for shelter. | Add PMV unless criteria for earned/unearned income are met. (See ISM) |

APPENDIX 5-10-F
SSI/SSP PAYMENT STANDARDS
MAY 1, 2009 THROUGH DECEMBER 31, 2009

MAY 1, 2009 THROUGH DECEMBER 31, 2009

| Independent Living Arrangement | | | | Household of Another With In-Kind Room and Board | | | Independent Living Arrangement Without Cooking Facilities (RMA) ¹ | | | Nonmedical Board and Care Licensed Facility/Household of Relative Without In-Kind Room & Board | | |
|--|----------|----------------|----------------|--|-----------|----------|--|-----------|----------|--|-----------|----------|
| | Total | SSI (FBR) | SSP | TOTAL | SSI (FBR) | SSP | TOTAL | SSI (FBR) | SSP | TOTAL | SSI (FBR) | SSP |
| INDIVIDUAL: | | | | | | | | | | | | |
| -Aged or Disabled | 870.00 | 674.00 | 196.00 | 658.67 | 449.34 | 209.33 | 856.34 | 449.34 | 407.00 | 1,086.00 | 674.00 | 412.00 |
| -Blind | 935.00 | 674.00 | 261.00 | 739.67 | 449.34 | 290.33 | | | | 1,086.00 | 674.00 | 412.00 |
| -Disabled Minor* | 756.00 | 674.00 | 82.00 | 532.67 | 449.34 | 83.33 | | | | 1,086.00 | 674.00 | 412.00 |
| -NMOHC ² | | | | 856.34 | 449.34 | 407.00 | | | | | | |
| COUPLE: | | | | | | | | | | | | |
| Both are: Aged or Disabled - Per Couple | 1,524.00 | 1,011.00 | 513.00 | 1,333.33 | 674.00 | 559.00 | 1,719.66 | 674.00 | 1,045.66 | 2,172.00 | 1,011.00 | 1,161.00 |
| BLIND: Couple-Both are Blind - Per Couple | 1,751.00 | 1,011.00 | 740.00 | 1,460.00 | 674.00 | 786.00 | | | | 2,172.00 | 1,011.00 | 1,161.00 |
| BLIND/AGED OR DISABLED: Couple One is Blind, the Other is Aged or Disabled - Per Couple | 1,666.00 | 1,011.00 | 655.00 | 1,374.00 | 674.00 | 700.00 | | | | 2,172.00 | 1,011.00 | 1,161.00 |
| NMOHC² Per Couple | | | | 1,719.66 | 674.00 | 1,045.66 | | | | | | |
| NONMEDICAL BOARD AND CARE | | | | FEDERAL BENEFIT RATE (FBR) | | | | | | | | |
| | | <u>Minimum</u> | <u>Maximum</u> | | | | INDIVIDUAL: | | | \$674.00 | | |
| TOTAL: | | \$1,086.00 | \$1,086.00 | | | | Aged, Blind, or Disabled | | | | | |
| Board and Room | | \$466.00 | \$466.00 | | | | | | | | | |
| Care and Supervision | | \$400.00 | \$495.00 | | | | | | | | | |
| Personal and Incidental Needs | | \$220.00 max | \$125.00 min | | | | COUPLE: | | | \$1,011.00 | | |
| | | | | | | | Aged, Blind, Or Disabled | | | | | |
| Title XIX Medical Facility – Individual \$50.00 Couple \$100.00 | | | | | | | | | | | | |
| * Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc. | | | | | | | | | | | | |
| ¹ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple | | | | | | | | | | | | |
| ² NMOHC ² - Nonmedical out-of-home care living in household of relative or guardian with In-Kind Room and Board. | | | | | | | | | | | | |